



City of Harvey
 15320 Broadway Avenue, Harvey, IL 60426
 Phone: (708) 210-5330 Fax: (708) 210-5358

APPLICATION FOR DEATH RECORD

I, UNDERSIGNED, DO HEREBY CERTIFY THAT I AM THE PERSON LEGALLY ENTITLED TO RECEIVE THE REQUESTED CERTIFIED COPY ACCORDING TO THE ILLINOIS STATE STATUTE [CHAP. 111 ½, SEC.73-25(4)(B)].

NOTICE: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEIRING ILLINOIS DEATH RECORDS IS A CRIMINAL OFFENSE UNDER (410 ILCS 535/27)(FROM CH.111 ½, PAR.73-27)

Before a request for an uncertified or certified copy can be considered, you must specify your eligibility to obtain it. ICS410/535/25/4(d) states that copies of death or fetal death records may be issued upon:

- The specific written request for an uncertified or certified copy by a person, or his duly authorized agent, having a genealogical, (record must be more than 20 years old), personal or property right interest in the record. If you are requesting a death certificate as the duly authorized agent or legal representative, please know that you must provide proof.
- We will review the request if you have a written document naming you as one of the following: a licensed attorney acting on behalf of a decedent or his/her estate; an agent authorized by power of attorney; a court-appointed personal representative, executor/administrator; or an agent with expressed, notarized authorization. If you are requesting a death certificate as someone claiming a legal, personal or property interest, please know that you must provide proof.
- We will review the request if you have a written document demonstrating that you have a personal or property interest at stake, such as a will naming you, a letter on a firm’s letterhead or a file-stamped copy of a complaint at law.

TWO FORMS OF IDENTIFICATION ARE REQUIRED TO OBTAIN A CERTIFIED RECORD (Current Photo ID and Non-Photo ID Required)

Examples of Acceptable ID: Current/Valid Driver’s License, State ID, or Passport, Current Car/Medical Insurance, Current Utility, Bank/Credit Card Statement, Car/Voter Registration, Military ID, EBT Link Card, Social Security Card, Pay Stub in applicant’s

Full Name at Death:	Date of Death:
Could this Death Record be under any other name? If Yes, Please Provide Name.	
City Where Death Occurred: HARVEY	County Where Death Occurred: COOK
Place of Death (Hospital): INGALLS MEMORIAL HOSPITAL ONLY	Place of Death (Other Location):
Purpose for which record is to be used: <input type="checkbox"/> SSI <input type="checkbox"/> Insurance Other: _____	
Your Relationship to the Individual Named on the requested certificate: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Attorney <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other: _____	
Number of Certificates Requested:	
Print Name of Applicant:	Signature of Applicant:
Mailing Address (Number, Street, City, State, Zip Code) ADDRESS MUST MATCH IDENTIFICATION PROVIDED	
Daytime Telephone Number (including area code):	Today’s Date:

REQUESTS MADE BY MAIL REQUIRE COPIES OF CURRENT/VALID ACCEPTABLE IDENTIFICATION, MONEY ORDER PAYABLE TO THE CITY OF HARVEY ALONG WITH RETURN POSATAGE. (ANY MISSING DOCUMENTATION WILL MAKE REQUEST INVALID THUS DELAYING REQUEST)

Fees: \$17.00 for one certified copy and \$6.00 for each addition copy of the same record.